

REQUEST FOR WAGE DETERMINATION

MAIL OR FAX ONE COPY TO:

Missouri Department of Economic Development BCS Compliance Team PO Box 118

Jefferson City, MO 65102-0118

FAX: 573/526-4157

REQUEST IS HEREBY MADE FOR THE DETERMINATION OF THE WAGE RATES TO BE PAID, PURSUANT TO SECTIONS OF THE DAVIS-BACON ACT AND DBRA.

Grantee Name:	Project #:		
Address:			
City:	ZIP Code	:	
Date of Request:	County: _		
Mayor/Presiding Commissione	er:		
Project Description:			
necessary to determine the rela	on, check with the consulting eng ative portion of the project activity and respond to all of the following.	ties under the Ye	es No
1 0	etion more than 20% of the total p	oroject, or	
3. If yes, is Heavy construction	on more than 20% of the total pro	ject?	
	on requested (check with consulder the Federal definition known		mine relative
Heavy & Highway Onl	y Building Only	Both H & H	and Building
Name of person requesting way	ge rates:		
Organization:			
Phone (include area code):	E-Mail:		
Street Address	City (post office)	State	ZIP Code
Signature		 Title	

This form must be completed and submitted to the CDBG Program no less than ten (10) days prior to the beginning of the bid advertising process (i.e., bid call date).